

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010545

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		c. CITY OR TOWN <b>Richmond</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ray County Mem. Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>125 Cates St.</b>	
3. NAME OF DECEASED (Type or print) First <b>LOU</b> Middle <b>EMMA</b> Last <b>PAULSON</b>		4. DATE OF DEATH Month <b>March</b> Day <b>21</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 30, 1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Pineville, Kentucky</b>
13a. FATHER'S NAME <b>Wilburn A. Farmer</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Alley</b>	14. NAME OF HUSBAND OR WIFE <b>Fred E. Paulson, deceased</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>186-05-9023</b>	17. INFORMANT <b>Jack W. Paulson, Richmond, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Accident</b> DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 NS</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:00</b> a.m. <b>3-21-59</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>1-2-59</b> to <b>3-21-59</b> and last saw her alive on <b>3-21-59</b> Death occurred at <b>2:00 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Edna Alley</b> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 23, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>South Point Cemetery</b>
24. FUNERAL DIRECTOR <b>Thurman Funeral Home, Richmond, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-25-1959</b>	26. REGISTRAR'S SIGNATURE <b>Malul Jackson</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Vol 253

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~index~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Tom L. Thurman* .....

Licensed Embalmer No. 4563 .....

P. O. Address Richmond, Mo. ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. . . .

If this body is not embalmed, fact should be so stated above.